



PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)Docket Number (Optional)
511582001111

Application Number 10/807,635 Filed March 23, 2004

For NOVEL 13-TRANSMEMBRANE PROTEIN EXPRESSED IN PROSTATE CANCER

Art Unit 1642 Examiner C. Joyce

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|-------------------------------------------------------------------|--------|------------------|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ |

- Applicant claims small entity status. See 37 CFR 1.27.
 A check in the amount of the fee is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Director has already been authorized to charge fees in this application to a Deposit Account.
 The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to
Deposit Account Number 03-1952 ~~I have enclosed a duplicate copy of this sheet. Fee
Transmittal form (PTO/SB/17) is attached to this
submission in duplicate.~~

I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number 29,959
 attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____

Kate H. Murashige
Signature

December 6, 2006
DateKate H. Murashige
Typed or printed name(858) 720-5112
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

12/12/2006 HVUDNG1 00000034 031952 10807635

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This form is pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

| | | |
|-------------------------|------|--------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 120.00 |
|-------------------------|------|--------|

| | | |
|--------------------------|----------------|--|
| Complete if Known | | |
| Application Number | 10/807,635 | |
| Filing Date | March 23, 2004 | |
| First Named Inventor | Daniel E. AFAR | |
| Examiner Name | C. Joyce | |
| Art Unit | 1642 | |
| Attorney Docket No. | 511582001111 | |

METHOD OF PAYMENT (check all that apply)

| | | | | |
|-----------------------------------------------------|--------------------------------------|--------------------------------------|-------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account | | Deposit Account Number: 03-1952 | | Deposit Account Name: Morrison & Foerster LLP |

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0.00 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | 0.00 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | 0.00 |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | 0.00 |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | 0.00 |

2. EXCESS CLAIM FEESFee Description

| | | |
|----------------------------------------------------|-----|-----|
| Each claim over 20 (including Reissues) | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|----------------------|
| | | | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - = | x | = | 0.00 | | 0.00 |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| - = | x | = | 0.00 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---------------------------------------------------------|-----------------|----------------------|
| - 100 = | /50 | (round up to a whole number) x | = | 0.00 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month

120.00

| SUBMITTED BY | | | | |
|---------------------|-------------------|--------------------------------------|--------|--------------------------|
| Signature | Kate H. Murashige | Registration No. (Attorney/Agent) | 29,959 | Telephone (858) 720-5112 |
| Name (Print/Type) | Kate H. Murashige | | Date | December 6, 2006 |